

ROUTING AND TRANSMITTAL SLIP

Date

1/14/87

TO: (Name, office symbol, room number,
building, Agency/Post)

Initials

Date

1.

ICS/

2.

PPS

3.

4.

5.

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

This is an advance copy of our official contribution. I expect only minor changes. If there should be an additional item, I can introduce it when your drafting begins.

If you wish to use the photos,
DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)

Room No.—Bldg.

DIA

Phone No.

694-4922

8041-102

OPTIONAL FORM 41 (Rev. 7-76)

Prescribed by GSA
FPMR (41 CFR) 101-11.206

* U.S.G.P.O.: 1964-421-529/325

let me know and I will
have the duplicate positives
made for your graphics unit.
I do need to return the
enclosed photos.